WHAT – The Backbone Trail (BBT) Program is an interpretive hike not a fitness hike. It is led by experienced National Park Service volunteers. The trail stretches from Pt. Mugu to Will Rogers State Historic Park covering 65 miles, about 25,000 feet of elevation gain and loss, and all types of terrain. The BBT Program has 8 segments with average hikes of 8.5 miles and 3,200 feet of elevation gain and loss. Significant vehicle shuttling is involved to avoid "in and back" hikes.

WHEN – The 8 segment hikes occur on the 2nd and 4th Saturday (not every other Saturday) of each month beginning in January. Additionally, allow for 2 hikes on the 2nd and 4th Saturdays in May in case we have to postpone hikes for whatever reason. All hikes stage at 8AM. Allow 7 hours for each hike before returning to your car. **Attendance is required at a Hiker Orientation the morning of the fourth Saturday in October.** It will provide you with specifics on the trail, logistics, gear, leaders, etc.

WHO – Injury free hikers in average to good physical condition of any age are welcome. If a 8.5 mile hike with 3,200' of elevation gain/loss on uneven footing while exposed to the elements is beyond your current comfort zone, or conversely if it is just a good warm-up this may not be the hike for you. Likewise, if you are unable to calendar the dates for Orientation and 10 hikes (January thru May) please consider postponing your application until a future year. Perennially, there is an eager and hopeful waiting list.

HOW – Using this Application Form you can sign up for yourself, one other adult, or a minor child. (Using multiple forms list each minor as Hiker #2 and responsible party as #1.) Questions and applications should be emailed to: BBTHIKE@GMAIL.COM. **Applications will be accepted annually after 7:00:00 AM on October 1.** Positions are filled in the order received. Within a week of applying you'll receive word of your hike status. The only fee is when using several California State Parks parking lots.

APPLICATION FORM

By completing this applicants listed below have read the BBT Program Description above and agreed to comply.			
HIKER #1	Name:		Email:
	Cell phone & provider name:		Home phone:
	Medical issues that might be a factor on the trail:		Interest(s) you'd like addressed on the hike:
	Emergency contact: name & relation (not on hike)		Emergency contact: phone
	Your Zip Code:	Hiker's fitness is adequate? (Y/N)	Hiker has Orientation and 10 hikes on their calendar?(Y/N)
HIKER #2	Name:		Email:
	Cell phone & provider name:		Home phone:
	Medical issues that might be a factor on the trail:		Interest(s) you'd like addressed on the hike:
	Emergency contact: name & relation (not on hike)		Emergency contact: phone
	Your Zip Code:	Hiker's fitness is adequate? (Y/N)	Hiker has Orientation and 10 hikes on their calendar?(Y/N)
QUESTIONS OR COMMENTS			